## 1900008755

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DEPARTMENT OF THE STATES OF A PROPERTY OF THE STATES OF TH

T GLASS Jun 1 1 2019 Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.Incserv.com

e-mail: accounting@incserv.com

## **ORDER FORM**

TO Florida Department of State Division of Corporations, Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

corphelp@dos.myflorida.com

850-245-6051

FROM . Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE | 6/10/2019

**PRIORITY** Routine

OUR REF\_#\_(Order\_ID#) 748804

ORDER ENTITY

3406 S. FLORIDA PARTNERS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES: 3406 S. FLORIDA PARTNERS, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:** 

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Page I of I Monday, June 10, 2019

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	da Partners, LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on April 2, 2019	and assigned
Florida document number L19000087555		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		201
		ب و
		2 71
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		9
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		r the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Louis B. Rappaport	416 S. Bethlehem Pike	<b>_</b>
		Fort Washington, PA 19038	□ Remove
			Change
MGR	Jacob Rappaport	416 S. Bethehem Pike	
		Fort Washington, PA 19038	■ Remove
			☐ Change
MGR	Jesse Rappaport	416 S. Bethlehem Pike	
		Fort Washington, PA 19038	■ Remove
			- Change
			Add Remove
			☐ Change
			☐ Remove
			□ Change
			Add
			Remove
			Change.

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fective date, if other than t	he date of filing:			(ontional)	
n effective date is listed, the date rete: If the date inserted in this cument's effective date on the	nust be specific and cannot be block does not meet the a	prior to date of fili pplicable statuto:	ng or more than 90 day	s after filing.) Pursuant	to 605.0207 c listed as
record specifies a delay The 90th day after the r	red effective date, bu ecord is filed.	t not an effec	tive time, at 12	$01$ a.m. on the $\epsilon$	earlier of
ted	2019	·	_		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00